FEGEIVED CENTRAL FAX CENTER

MAR 13 2008

# MARTIN & FERRARO, LLP

ATTORNEYS AT LAW

17383 SUNSET BLVD, SUITE 315 LOS ANGELES, CALIFORNIA 90272

Telephone (310) 286-9800

Facsimile (310) 286-2795

#### FACSIMILE TRANSMITTAL

TO:

FROM:

Name: Mail Stop AF

Name: Amedeo F. Ferraro, Esq.

Group Art Unit 3738

Firm: U.S. Patent & Trademark Office

Examiner Bruce E. Snow

Phone No.: 310-286-9800

Fax No.: 571-273-8300

No. of Pages (including this): 17

Subject: U.S. Patent Application No. 09/921,844

Date: March 13, 2008

Gary K. Michelson Filed: August 3, 2001

SPINAL IMPLANT SURFACE CONFIGURATION

Attorney Docket No. 101.0084-01000

Customer No. 22882 Confirmation No.: 8295 Confirmation Copy to Follow: NO

Message:

#### CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate) and Amendment After Final are being facsimile transmitted to the U.S. Patent and Trademark Office on March 13, 2008.

Mijyabi Grace Forker

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## BEGEIVED CENTRAL FAX CENTER

**FORM PTO-1083** 

MAR 13 2008

Attorney Docket No.: 101.0084-01000

Customer No. 22882

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Gary K. Michelson Serial No: 09/921,844

Filed: August 3, 2001 SPINAL IMPLANT SURFACE

CONFIGURATION

Confirmation No.: 8295

Group Art Unit: 3738 Examiner: Bruce E. Snow

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

For:

Transmitted herewith is an Amendment After Final in reply to the Final Office Action dated December 17, 2007 in the above-identified application.

M No additional fee is required.

Applicant hereby requests a \*\*\*-month extension of time to respond to the above office action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Co). 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	81	-	127	**	0	LG=\$50 SM=\$25	\$50	\$	0
INDEPENDENT CLAIMS FEE	2	_   -	3	***	0	LG=\$200 SM=\$100	\$200	\$	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS  LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180							\$	0	
							TOTAL	\$	0

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

The total amount of \$\*\*\*.00 to cover the \*\*\* -month extension fee is to be charged to Deposit Account No.

 $\boxtimes$ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. A copy of this sheet is enclosed.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

MARTIN & FERRARO, LLP

Date: March 13, 2008

priedeo F. Fenraro Registration No. 37,129

1557 Lake O'Pines Street, NE

Hartville, Ohio 44632

Telephone: (310) 286-9800 Facsimile: (310) 286-2795

03/13/2008 15:13

MAR 13 2008

**FORM PTO-1083** 

Attorney Docket No.: 101.0084-01000

Customer No. 22882

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Gary K. Michelson Serial No: 09/921,844 Filed: August 3, 2001

SPINAL IMPLANT SURFACE

CONFIGURATION

Confirmation No.: 8295

Group Art Unit: 3738 Examiner: Bruce E. Snow

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TOTAL CLAIMS FEE	81	-	127	**	. 0	LG=\$50 SM=\$26	\$50	\$	0,
INDEPENDENT CLAIMS FEE	2	-	3	***	0	LG≍\$200 SM=\$100	\$200	\$	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS  LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180							\$	0	
							TOTAL	\$	0

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

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If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

The total amount of \$\*\*\*.00 to cover the \*\*\* -month extension fee is to be charged to Deposit Account No. 50-3726.

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Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

MARTIN & FERRARO, LLP

Date: March 13, 2008

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Hartville, Ohio 44632

Telephone: (310) 286-9800 Facsimile: (310) 286-2795

priedeo F. Feiraro Registration No. 37,129 PEOEIVED CENTRAL FAX CENTER RESPONSE UNDER 37 C.F.R. 1.116 EXPEDITED PROCEDURE EXAMINING GROUP 3738

MAR 13 2008

PATENT Attorney Docket No. 101.0084-01000 Customer No. 22882

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	) Confirmation No.: 8295
Gary K. Michelson	)
Serial No.: 09/921,844	) Group Art Unit: 3738
Filed: August 3, 2001	) Examiner. Bruce E. Snow
For: SPINAL IMPLANT SURFACE	)
CONFIGURATION	í

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

## **AMENDMENT AFTER FINAL**

In reply to the Final Office Action of December 17, 2007, and pursuant to 37 C.F.R. § 1.116, Applicant proposes that this application be amended as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 12 of this paper.